gotten from much smaller than the usual doses; and the distressing symptoms of bromism, the eruptions, bad breath and mental depression were avoided. He has even used collargolum alone in several cases and in a number of instances has had patients pass five or six months without an attack. G. GOODALE (New York.)

INDIRECT ATROPHY OF CEREBELLUM Dr. Reitsema (Psychiatrische en Neuroligische Bladen, Vol. 9, 1904, No. 3, May, June).

About the influence of a cerebral defect on the growth of the contralateral cerebellum, there exists a great deal of controversy. In normal individuals there is no constant relation between the weight of the cerebrum and cerebellum, and cases are not rare of large cerebral defects without perceptible changes in the cerebellum. The author relates a case of nearly absolute absence of the left hemisphere and a very pronounced diminution of the contra-lateral cerebellum. In this case the red nucleus was strikingly intact, whereas the superior cerebellar peduncle was very reduced. Contrary to the opinion of the authors, who deny that the cerebellum atrophies after cerebral defects, or regard this atrophy as a second degree atrophy, or will explain the cerebellar atrophy, purely mechanically. The author does not believe in the possibility to show that the intensity of the cerebellar shrinking be parallel to the size of the cerebral defect. Nor does he think that the cerebellar atrophy is dependent on destruction of special parts of the cerebrum. Further, he regards the cases of homolateral atrophy of cerebellum and cerebrum (Virchow, Kundrat, Kahlden) a great difficulty. He expects something from experimental work.

MUSKENS (Hague.)

THE BRIDGING OF NERVE DEFECTS. Charles A. Powers (Annals of Surgery, November, 1904).

Although correction of the evils resulting from a gap in the continuity of a nerve is a matter of great importance in a given case; it hardly seems possible at this time to say definitely what form of bridging should be employed. More cases, and especially cases reported later and better, are needed. Neuroplasty and implantation (anastomosies) are always available resources, and for the present it would seem that they should be preferred. Resection of bone may be advisable in selected cases. Transplantation of foreign grafts should be abandoned. It is hardly necessary to say that prognosis in an individual case should always be guarded, and that repeated operations may be necessary. (NOYES.)

PSYCHOSES AND BRAIN TUMORS. J. van der Kolk (Psychiatrische en Neurologische Bladen, Vol. 9, 1904, No. 4, July, August).

The author relates a case of a man, forty-three years old, married, and father of six healthy children, gardner; treated in the asylum for four years, giving no appreciable symptom of cerebral tumor. As an inert mass he was laid up, was incontinent, showed continually a low degree of negativismus; no hallucinations. The pupils were unequal, reacted well; there was a slight facial paresis on the right side, the knee-jerks were exaggerated. There was no progressive dementia. The autopsy showed a great number of tumors in the medulla oblongata, one in the former part of the left temporal convolution, one in the left gyrus lingualis, and one in the right gyrus parietalis. After microscopical examination they appeared to be cavernous angiomata. In the literature no cavernous angiomata are related as a cause of psychosis. The only cases the author found are one of Shover, which gave rise to epilepsy, and one of Ohlmacher. In the last case as well as his own the author does not think that the psychical symptoms could be caused by direct mechanical lesion of cerebral regions involved in the psychical life. Moreover, cavernous angiomata do not cause compression, nor do they infiltrate the tissue. He thinks that after Pierre

Marie cerebral edema caused the symptoms. Equally he regards the psychical symptoms caused by toxic polyneuritis, caused by edema gravidity psychosis; abortus provocatus; recovery. H. Treub relates the case of a young woman, thirty-one years old, who had from the beginning of the gravidity hypochondriacal ideas. She was convinced that she would give birth to a monster. She made several attempts at suicide. She would not take any food, in order to prevent the monster from growing. Although generally psychiatrists do not expect any effect from abortus, in this case Winkler and Treub decided to do abortus provocatus with laminaria. Within two weeks she completely recovered.

MUSKENS (Hague.)

TRAUMATIC ABSCESS OF CEREBRUM. Ernest F. Robinson Annals of Surgery, November, 1904).

A case of attempted suicide produced the following results: A wound from a 32-caliber revolver behind the right ear, shattered the petrous portion of the temporal bone. The patient survived, and paralysis of the right side of the face, and inability to close right eyelids, due to injury of the seventh nerve, persisted. Six weeks after the injury she was found to be suffering from frightful headache over the right side of head, forehead and eye. Her mental faculties were decidedly dull or delayed. She was mildly delirious at times. Her temperature was subnormal, and her pulse was slow but weak, at 52 per minute. The pupils were markedly unequal, the right dilated, but reacted slowly to light. Nystagmus was not present. No changes in the fundus could be detected. The patient had vomited. The tongue deviated markedly to the left side. An abscess of the temporosphenoidal lobe had developed, either from an infection or from devitalizing an area of brain substance. Operation and aspiration discovered pus, which was drained, and a tube left in for a short time. Recovery was uneventful and rapid. NOYES (New York.)

FRACTURE OF THE BASE OF THE SKULL. George L. Walton (Annals of Surgery, November, 1904).

1. In the majority of the cases the basal fracture resulted from impact received in the horizontal plane of the skull, whether upon the frontal or the occipital region or upon the side of the head. 2. While certain of the basal fractures extended from the vertex, there was no suggestion of the *contre-coup* of earlier writers. 3. The line of fracture tended to enter the fossa nearest the point of impact, and to extend in the general direction in which force was applied. 4. The lines of fracture in traversing the base tended to follow lines of least resistance, and in twenty-two of the fifty cases these lines corresponded more or less accurately to those indicated by Rawling, but the exceptions were too marked and too constant to allow the establishment of fixed rules. 5. The sella turcica was implicated in thirty-six per cent. of the fractures. The petrooccipital and masto-occipital sutures furnished lines of least resistance. Fractures extending across the base tended to run parallel to the petrous portion of the temporal bone and through the sella turcica. Certain blows on the occiput tended to cause a line of fracture extending to the jugular foramen or across the petrous bone. The portion of the petrous bone containing the auditory apparatus showed itself peculiarly liable to fracture, more often transversely than longitudinally. 6. In seven cases (fourteen per cent.) the fracture was limited to the base after vault impact in the horizontal plane. Neither Rawling's theory of transmitted force nor the theory of bursting fracture of von Wahl and others suffices alone to explain these cases. The results of experimenting with bodies of simpler structure would suggest that the bursting principle predominates in pure compression of the skull, and the principle of transmitted force in case of blows, while both play important